



012804

17264 U.S. PTO

Enclosures

[+]

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No. 1977672
	Inventor: David Murrin, 25 Primrose Lane, Roosevelt, New York 11575
	Title: WHEEL MECHANISM FOR SKI-EQUIPPED VEHICLES

To: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17 (In duplicate)	<input checked="" type="checkbox"/> Information Disclosure Statement, including Form PTO-1449 and copies of <u>9</u> references.
<input checked="" type="checkbox"/> Applicant claims small entity status.	<input checked="" type="checkbox"/> Check No. <u>1929</u> in the amount of \$ <u>385.00</u> .
<input checked="" type="checkbox"/> Specification and 1 Claim (15 pp.)	<input type="checkbox"/> Nonpublication Request Form PTO/SB/35
<input checked="" type="checkbox"/> Drawings, showing Figs. 1 and 2 (1 p.)	<input checked="" type="checkbox"/> Return Receipt Postcard.
<input checked="" type="checkbox"/> Combined Declaration and Power of Attorney.	

Customer Number is: 022824	
Correspondence Address is: Donald R. Schoonover 4211 Rolling Hills Drive Nixa, Missouri 65714-8771 USA	
Telephone: (417)724-2188	Facsimile: (417)724-2469
Email: patentstms@aol.com	

Name: Donald R. Schoonover	Attorney Registration No. 34,924
Signature: <i>Donald R. Schoonover</i>	Date: <i>January 26, 2004</i>

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail or priority mail in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

January 26, 2004.

Donald R. Schoonover
Donald R. Schoonover

17548 U.S. PTO
10765195

012804

17264 U.S. PTO
012804

UTILITY FILING FEE TRANSMITTAL	Attorney Docket No. 1977672
	Inventor: David Murrin
[X] Applicant claims small entity status.	Title: WHEEL MECHANISM FOR SKI-EQUIPPED VEHICLES
Total Amount of Payment: \$ 385.00	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																
<p>[X] Check No. <u>1929</u></p> <p>The Commissioner is authorized to credit any overpayments or charge any additional fee(s) during the pendency of this application to Deposit Account No. 50-0961</p>	<p>2. EXTRA CLAIM FEES</p> <p style="text-align: right;"><u>Fee Paid</u></p> <p>Total Claims <u>1</u> - 20 = <u>0</u> X 9 = <u>0.00</u></p> <p>Independent Claims <u>1</u> - 3 = <u>0</u> X 43 = <u>0.00</u></p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>43</td> <td rowspan="2">Independent claims in excess of 3 Claims in excess of 20</td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) \$ 0.00</p>	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1201	84	2201	43	Independent claims in excess of 3 Claims in excess of 20	1202	18	2202	9														
Large Entity		Small Entity		Fee Description																													
Fee Code	Fee (\$)	Fee Code	Fee (\$)																														
1201	84	2201	43	Independent claims in excess of 3 Claims in excess of 20																													
1202	18	2202	9																														
<p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>740</td> <td>2001</td> <td>385</td> <td>Utility Filing Fee</td> <td>\$ 385.00</td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) \$ 385.00</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	740	2001	385	Utility Filing Fee	\$ 385.00	<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td colspan="6">None.</td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (3) \$ 0.00</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	None.					
Large Entity		Small Entity		Fee Description			Fee Paid																										
Fee Code	Fee (\$)	Fee Code	Fee (\$)																														
1001	740	2001	385	Utility Filing Fee	\$ 385.00																												
Large Entity		Small Entity		Fee Description	Fee Paid																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																														
None.																																	

SUBMITTED BY:		
Name: Donald R. Schoonover	Reg. No. 34,924	Telephone: (417)724-2188
Signature: <i>Donald R. Schoonover</i>	Date: <i>January 26, 2004</i>	

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail or priority mail in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on

January 26, 2004.

Donald R. Schoonover
Donald R. Schoonover